

The Dymally-Alatorre Bilingual Services Act

Compliance by Provider Bilingual Services Survey

It is the intent of the State Legislature that the Department of Alcohol and Drug Programs makes an assessment of the extent to which local agencies receiving funding from the Department comply with the Dymally-Alatorre Bilingual Services Act (Act). (That is, to provide services to non-English speakers, and report their actions and recommendations to ensure compliance with the Act by those local agencies.)

The Act requires every local public agency (or private provider receiving State funds) serving a substantial number of non-English speaking people to employ a sufficient number of qualified bilingual persons in public contact positions or as interpreters to assist those in such positions, to ensure the provision of information and services in the language of the non-English speaking person. The determination of what constitutes a substantial number of non-English speaking people and a sufficient number of qualified bilingual persons shall be made by the local agency.

Response to the following questionnaire is required in order to assess compliance with the Act.

A. ABOUT THE ACT

1. Do you know about the Act? Yes _____ No _____

2. Do you have a staff person who is responsible for implementing this law?

Yes _____ No _____

If yes, please provide contact information:

Name _____ Phone _____ E-mail _____

3. Do you have a written plan or policy for implementing the Act?

Yes _____ No _____

If not, describe whether your agency has established procedures to regularly assess the need to provide bilingual services in non-English language?

B. FUNDING

1. What is the dollar amount of your contract with the County? \$ _____

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2. What services are provided? _____

C. STAFF

1. What is the number of staff, by ethnicity and gender?

	White	Hispanic	Black	Amer Indian	Pac Islander	Asian	Filipino	Other
Male	_____	_____	_____	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____	_____	_____	_____

2. What is the composition of the population serviced, by ethnicity and gender.

	White	Hispanic	Black	Amer Indian	Pac Islander	Asian	Filipino	Other
Male	_____	_____	_____	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____	_____	_____	_____

3. By percentage, what is the ethnic composition of the population in the geographic area that you service?

White	Hispanic	Black	Amer Indian	Pac Islander	Asian	Filipino	Other
_____%	_____%	_____%	_____%	_____%	_____%	_____%	_____%

D. WRITTEN TRANSLATION

1. How frequently does your facility review written documents and translate necessary documents into a specific non-English language? _____

2. a. How many documents issued by your facility fall into the categories specified in the Act requiring written translation? _____

b. How many documents still need to be translated? _____

3. How frequently does your facility create or issue new documents that would need to be translated under the Act? Please provide an estimate of the number of new documents produced each year: _____

4. For fiscal year 1999-2000, what was your facility budget for translation of written materials, please estimate. \$ _____

a. The number of documents translated: _____

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b. Specify the number of documents translated into each language, both in-house and by outside vendors.

In-house:

Spanish _____ Asian _____ Filipino _____ Tagalog _____ Other _____

Contracts with outside vendors:

Spanish _____ Asian _____ Filipino _____ Tagalog _____ Other _____

5. For fiscal year 2000-2001, what was your facility budget for providing translation of written materials, please estimate. \$ _____

a. The number of documents to be translated: _____

b. Specify the number of documents translated into each language, both in-house and by outside vendors.

In-house:

Spanish _____ Asian _____ Filipino _____ Tagalog _____ Other _____

Contracts with outside vendors:

Spanish _____ Asian _____ Filipino _____ Tagalog _____ Other _____

6. If your facility contracts with outside vendors for written translation, please indicate the cost (per word, page, hour, or however you are charged) for translation into each non-English language. \$ _____

E. ORAL INTERPRETATION

1. a. For the fiscal year 1999-2000, how much did your facility spend on providing oral interpretation services in non-English languages? Examples of "oral interpretation" include the use of telephone translation lines, outside interpreters, or staff members whose primary job duties are to provide interpretation (do not include bilingual staff positions if a position also provides services to people who are fluent in English).
\$ _____

b. For fiscal year 2000-2001, what is your facility budget allocation for providing oral interpretation services into a non-English language? \$ _____

2. If your facility contracts with outside vendors for oral interpretation services, please indicate the cost (per hour, or however, you are charged) for interpretation into each non-English language. \$ _____

3. Do you have sufficient bilingual staff in public contact positions to provide services in languages that meet the criteria of 5% or more of people who seek services at a local office?

Yes _____ No _____

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If not, how many bilingual staff deficiencies does your agency have in which languages, and in which local office are these staff deficiencies located?

4. If there are deficiencies in bilingual staffing, does your facility have a recruitment plan for encouraging bilingual persons to apply for these positions?

Yes _____ No _____

If yes, please describe: _____

5. How many sign language staff does your agency have? _____

If none, do you have resources to contract for these services?

Yes _____ No _____

If yes, please list your resources: _____

F. OTHER FUNDING

1. Does your facility take advantage of any federal or other non-state funding for the purpose of providing services in languages other than English? Yes _____ No _____. If yes, please describe the sources of funding and the amount of such federal or other funds for fiscal years:

a. FY 1999-2000 \$ _____ Source(s) _____

b. FY 2000-2001 \$ _____ Source(s) _____

Return your responses to the questionnaire by **January 18, 2002**, to the address below:

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